Conjoint Examination

Membership in Prosthodontics

The Royal College of Surgeons of Edinburgh

FCDSHK Intermediate Examination in the Specialty of Prosthodontics

The College of Dental Surgeons of Hong Kong

Last name of candidate (BLOCK letters) : ___________________________________________

Other names in full (BLOCK letters) : ___________________________________________

Date of birth : _______________________________ Sex : M/F

Full postal address (for examination notice) : ___________________________________________

Tel no : (      ) __________________________ Fax no : (      ) __________________________

E-mail address : ___________________________________________

I wish to sit for the Conjoint Examination (18th to 21st November 2017).

Date : ___________________________ Signature : ___________________________

1. Please state your degrees or qualifications and where obtained (with dates).

(Candidates whose names do not appear in the current Dentist Register must submit evidence of their qualifications and the date of acquisition thereof.)

2. Dental Council of Hong Kong registration number : ___________________________________________

3. If you are Fellow(s) of any College, please state title of the Fellowship and date of admission.

________________________________________________________

Other Diplomas : ___________________________________________

4. Have you ever submitted an application for Membership in Restorative Dentistry (MRD) or the Membership in Prosthodontics (MPros) of the Royal College of Surgeons of Edinburgh? YES/NO*

5. If you have passed Part 1/Primary Fellowship in Surgery or Dental Surgery, please give details:

Date : __________________ Examination : ___________________________________________

Name of College : ___________________________________________

6. If you have passed any part of a Diploma (i.e. Diploma or Diploma of Membership) in MRD or in MPros of one of the Surgical Colleges, please give details below:

Date : __________________ Examination : ___________________________ Part passed : _________

Name of College : ___________________________________________

PLEASE NOTE: NO APPLICATION FORMS OR DOCUMENT/CERTIFICATES WILL BE ACCEPTED BY FAX.
REQUIREMENTS FOR TRAINING

Candidates applying for Conjoint Examination are required to provide evidence of having gained broad experience in clinical dentistry for a minimum of four years after obtaining the primary dental qualification. Experience should be obtained in more than one clinical dental discipline. Candidates are required to produce evidence of having undertaken continuous approved training in clinical Prosthodontics for a minimum period of three years (full-time equivalent) or of attendance as a postgraduate student in an approved training programme or course.

Candidates may be required to take an additional part of examination prescribed by the College of Dental Surgeons of Hong Kong as deemed necessary.

TO BE COMPLETED BY CANDIDATE

Details of Employment#

(i) Institution Stamp

Three years approved training in Prosthodontics

………………………………………………………………………………………………………………………………………………

Title of Post ……………………………………………………………
From……………….……..To…………………………..
Signature of Supervisor / Trainer*

………………………………………………………………………………………………………………………………………………

(ii) Institution Stamp

………………………………………………………………………………………………………………………………………………

Title of Post ……………………………………………………………
From……………….……..To…………………………..
Signature of Supervisor / Trainer*

………………………………………………………………………………………………………………………………………………

(iii) Institution Stamp

………………………………………………………………………………………………………………………………………………

Title of Post ……………………………………………………………
From……………….……..To…………………………..
Signature of Supervisor / Trainer*

* Delete as appropriate

# Candidates who are unable to have the above certificates signed may produce signed documentation of the posts they have held. They must, however, enter on this form the appropriate experience which they offer.
IMPORTANT NOTICE

1. Please return the application together with cheque made payable to “The College of Dental Surgeons of Hong Kong” for the amount of HK$20,000, being the examination fee this year, to Senior Executive Officer, The College of Dental Surgeons of Hong Kong, Room 902, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong, not later than 25 August 2017.

2. Candidates withdrawing from the examination must do so in writing. A refund or transfer of the fee paid may be made (less an administration fee), provided that notice of an intention to withdraw is received before the closing date by which applications are due, as shown in the examinations calendar. Refunds or transfers are not normally made to any candidate who withdraws after the closing date. No allowance will be made for postal or other delays.

3. No change can be made after the dates for the clinical and oral examinations have been allocated.

4. Candidates are requested to enclose with their application together with certified true copies of
   a. evidence of their qualifications;
   b. evidence of having undertaken continuous approved training in clinical Prosthodontics for a minimum period of three years or of attendance as a postgraduate student on an approved training programme or course; and
   c. 2 x passport-sized photographs (including one attached to the first page of this application form).

5. The personal data provided will be used by The College of Dental Surgeons of Hong Kong and The Royal College of Surgeons of Edinburgh for the following purpose:
   a. proof of eligibility and conduction of examination,
   b. record of examination results and contact of candidates, and
   c. for preparing statistics.

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Membership in Prosthodontics RCSEd and FCDSHK Intermediate Examination in the Specialty of Prosthodontics

☐ I enclose a cheque (cheque/banker’s draft no.:______________ ) of HK$20,000 being the examination fee for Membership in Prosthodontics RCSEd and FCDSHK Intermediate Examination in the Specialty of Prosthodontics.

Name (BLOCK letters) .........................................................................................................................

Recommended by ................................................................................................................................

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Name of Supervisor / Trainer*  Signature